

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
PROGRAM SIGN-IN SHEET and EVALUATION
Immunization Update 2004**

ASNA NO: 5-91.108 ABN PROVIDER NUMBER: ABNPO387 DATE: June 9, 2004

Name: _____ SSN: _____

Please check one: ☐ Nurse ☐ Other _____

Address: _____ City: _____ State: _____ Zip: _____ Email: _____

Fax: _____ Phone: _____

Shade in the circle under the number you think best evaluates this educational offering: 5 - Very useful 4 - Slightly useful 3 - Average 2 - Not useful 1 - Unacceptable

	5	4	3	2	1
Teaching effectiveness of presenter(s):					
Valerie Cochran, RN, BSN	○	○	○	○	○

Course Content Objectives:

- | | | | | | |
|--|---|---|---|---|---|
| 1. Describe one aspect of appropriate storage and handling procedures for vaccine during and after clinic hours | ○ | ○ | ○ | ○ | ○ |
| 2. Explain the Alabama Department of Public Health (ADPH) policy in the use of safety needles..... | ○ | ○ | ○ | ○ | ○ |
| 3. Discuss two ADPH Immunization policies used when vaccinating children and adults in the county health departments | ○ | ○ | ○ | ○ | ○ |

List one thing you will do differently as a result of this training: _____

Other education programs you would be interested in attending: _____

I attest that I viewed at least 85% of this program: Participant's Signature: _____ Date viewed: _____

☐ **No CEU's Requested**, mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator;
PO Box 303017, Suite 1010; Montgomery, Alabama 36130-3017.

NOTE: IF CEU'S ARE REQUESTED: Within 3 working days, fax (334-206-5640) or mail completed form to: Alabama Department of Public Health; Video Communications,
PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017.

Out of state participants include \$20 per person (check payable to: Alabama Department of Public Health)

☐ Check included ☐ Check will follow ☐ Please invoice **Certificate will not be provided until we receive evaluation form.** IRS Tax ID No. 63-1106545